

**LOST LAKE CAMP**  
**APPLICATION FOR ALL PERSONS WHO WORK WITH CHILDREN, YOUTH AND/OR**  
**DEVELOPMENTALLY DISABLED PERSONS**

This application is to be completed by all applicants for any position (volunteer or compensated) involving the access to children (minors under 18 years of age) or developmentally disabled persons. It is being used to help this camp provide a safe and secure environment for those children, youth, and developmentally disabled persons who participate in our programs and use our facilities.

**PERSONAL**

Date: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Maiden Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Present Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Number of years at present address: \_\_\_\_\_

List prior addresses for the past five years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

How long so employed? \_\_\_\_\_

Marital Status: ☐ Married ☐ Single ☐ Engaged ☐ Separated ☐ Divorced ☐ Remarried ☐ Widowed

<b>Education</b>	Name	Address	Graduated	Month/Year	Degree
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High School: \_\_\_\_\_

College: \_\_\_\_\_

Other (describe): \_\_\_\_\_

**MEDICAL**

Do you use any prescription drug on a regular basis? \_\_\_\_\_ If so, please state the name and reason for its use: \_\_\_\_\_

Please list any medical conditions the camp medical director should be aware of: \_\_\_\_\_

Physically and medically are you able to perform duties required at camp without limitations? (For example: if a child is disabled, will you be able to lift them; if teaching/supervising children, will you be able to run short distances in an emergency?) ☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

If no, what can be done to accommodate your limitation? \_\_\_\_\_

*Please continue on next page* ↘

(office use only): Date received \_\_\_\_\_ Date approved \_\_\_\_\_

References checked ☐ Yes ☐ No Date checked \_\_\_\_\_ Initials \_\_\_\_\_

Is your life free from all habits unbecoming to a Christ-follower such as smoking, drinking, violence or any illegal behavior?

☐Yes ☐No If no, please explain: \_\_\_\_\_

Have you ever been convicted of a criminal offense? ☐Yes ☐No If yes, please explain: \_\_\_\_\_

Have you ever had your driver's license suspended or revoked for any reason? ☐Yes ☐No If yes, please explain: \_\_\_\_\_

## SPIRITUAL LIFE

Are you a Christian? ☐Yes ☐No When saved? \_\_\_\_\_

Do you agree with the Sixteen Statements of Fundamental Truths of the Assemblies of God?

(Contained in the Assemblies of God "Beliefs" found on-line at

[http://ag.org/top/Beliefs/Statement\\_of\\_Fundamental\\_Truths/sft\\_short.cfm](http://ag.org/top/Beliefs/Statement_of_Fundamental_Truths/sft_short.cfm)) ☐Yes ☐No

If not which one(s) do you disagree with and why? \_\_\_\_\_

Do you agree not to teach beliefs contrary to these Assembly of God tenants of faith? ☐Yes ☐No

Have you received the Baptism in the Holy Spirit as recorded in Acts 2:4, 10:44-46 and 19:6?

☐Yes ☐No If no, are you seeking? ☐Yes ☐No

Do you have a regular habit of personal devotions and Bible study?

☐Yes ☐No If no, will you begin? ☐Yes ☐No

How do you pursue an ongoing relationship with God? \_\_\_\_\_

What church do you currently attend? \_\_\_\_\_

How long have you attended? \_\_\_\_\_

How regularly do you attend (your church)? \_\_\_\_\_

Have you become a member? ☐Yes ☐No

List (name, city, telephone) of all other churches where you have attended regularly during the past five years:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

List all previous church or camp work involving children/youth: *(attach separate piece of paper if necessary)*

	<i>Church Name</i>	<i>Type of Work</i>	<i>Supervisor</i>	<i>Telephone</i>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Have you ever been asked to leave a church for any reason? ☐Yes ☐No If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

List any gifts, callings, training, education, or other factors that have prepared you for children/youth work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **PREFERENCE, AVAILABILITY, AND COMMITMENT**

What type of camp work would you prefer?

<input type="checkbox"/> Cabin Life Worker	<input type="checkbox"/> Nurse	<input type="checkbox"/> Nurse's Assistant	<input type="checkbox"/> Cook's Assistant
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Life Guard	<input type="checkbox"/> Security

Following is the date and age group you would be serving if accepted:

<i>Dates:</i>	<i>Name of camp:</i>	<i>Ages:</i>
July 10-16	Boy's & Girl's	9 to 13 years old

Do you understand that each position serves "at will" of the Director and Board and that you may be dismissed without cause? ☐Yes ☐No

As a camp worker, will you be willing to attend a local training seminar with the camp director if applicable? ☐Yes ☐No

As a staff member you will be afforded a discount of \$35 off your child's registration cost. You may assume your acceptance and pay the \$65 for your child's registration, understanding if you are not needed or accepted—you will also need to pay the \$35.

### **PERSONAL REFERENCES**

**(One to Pastor, one to person--not a former employer or relative)**

Pastor: _____	Name: _____
Address: _____	Address: _____
_____	_____
Telephone: _____	Telephone: _____

**THANK YOU** for taking the time and effort to complete this application. It will be prayerfully considered as we endeavor to fill volunteer and/or compensated positions involving supervision or custody of minors and to provide them with a safe and secure environment.

## **CERTIFICATIONS, AGREEMENT, AND CONSENT TO RELEASE INFORMATION**

I certify that the information contained in this application is correct to the best of my knowledge. I understand that if I am engaged, false statements may result in my dismissal. I authorize the camp to make investigation of any of the facts set forth in this application. I consent to and authorize Chairman Ralph Ellingson to check any references or churches listed herein to give and communicate any information that they may have regarding my character and fitness for children's work, and I release same from liability for any damage that may result from furnishing such facts, evaluations, or information to you.

I am aware that a "*Criminal History Check*" may be requested on me from the Washington State Patrol pursuant to Chapter 43.43 of the Revised code of Washington. I understand that this statutory provision restricts use of the information received by the recipient to the initial employment or engagement decision and that further dissemination or use is prohibited.

I further understand that this statutory provision was intended to protect the confidentiality of such information. Despite the foregoing, I am knowingly and voluntarily waiving my rights to keep this information confidential and specifically consent to and authorize the release of such information by Lost Lake Camp Board or their designated representative to inquiring churches, law enforcement agencies, or other children's group for whatever purpose.

I further consent to and authorize the release of any information contained in this application or subsequently acquired from whatever source to any other church, law enforcement agency, including but not limited to information received from the Washington State Patrol "Criminal History Check," or children's group for whatever purpose.

If my application is accepted, I agree to be bound by the constitution and bylaws of the Northwest District Council and its policies, and to refrain from any unscriptural conduct in the performance of my services on behalf of the camp.

I understand that my engagement/employment with this camp is "at will," which means that either the camp or I can terminate my engagement/employment at any time, with or without notice, and for any reason. All employment/engagement is continued on that basis. I understand that no Camp Director or Camp Chairman, other than the Sectional Camp Board has the authority to alter the foregoing.

**You must have Notary seal!!**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

STATE OF WASHINGTON                    )  
  ) SS.  
COUNTY OF \_\_\_\_\_ )

I certify that I know or have satisfactory evidence that \_\_\_\_\_  
is the person who appeared before me, and said person acknowledged that (he/she) signed this application and acknowledged it to be (his/her) free and voluntary act of the uses and purposes mentioned in the application.

DATED THIS \_\_\_\_ day of \_\_\_\_\_, 2006.

\_\_\_\_\_  
NOTARY PUBLIC in and for the State of Washington  
residing at \_\_\_\_\_  
My appointment expires \_\_\_\_\_



**Send completed application to  
Lost Lake Camp Chairman Ralph Ellingson  
PO Box 652, Republic, WA 99166**